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U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Gregory Champion	COURT CASE NUMBER 07C7267
DEFENDANT Thomas Dart et al.	TYPE OF PROCESS Amended SC

SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ms Parks, Sheriff Deputy, Div. 2 Cook County Jail
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) C.C.J. C/o Legal Dept. 200 S. California Ave. and file Divs. Chicago, IL 60608

AT **C.C.J. C/o Legal Dept. 200 S. California Ave. and file Divs. Chicago, IL 60608**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Gregory Champion, #2006-0080031
COOK COUNTY JAIL
P.O. Box 089002
Chicago, IL 60608

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	4
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

FILED
AUG 01 2008 YM
Aug 1, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

07-16-08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 284	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk TD	Date 07-16-08
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Ronna Farnandis	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 7/21/08
	Time 12 pm
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
One	Service Fee charged same rate + location. See process					
REMARKS: * DUSM 1 HOUR 14 miles. Sheet # 1 for charges.						